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Atty. Dkt. No. 018733-1002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hans J. HANSEN

Title: MULTI-STAGE CASCADE BOOSTING VACCINE

Appl. No.: 09/688,089

Filing Date: October 16, 2000

Examiner: S. Huff

Art Unit: 1642

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For		Extra Claims Present	Rate		Additional Claims Fee
Total Claims:	10	20	=	0	x	\$18.00	= \$0.00
Independents:	2	3	=	0	x	\$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:					+	\$280.00	= \$0.00
CLAIMS FEE TOTAL:							= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$920.00
CLAIMS AND EXTENSION FEE TOTAL:			\$920.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$460.00
TOTAL FEE:			\$460.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$460.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$460.00 for 3-Month Extension of Time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

April 26, 2002

FOLEY & LARDNER
 Washington Harbour
 3000 K Street, N.W., Suite 500
 Washington, D.C. 20007-5143
 Telephone: (202) 672-5569
 Facsimile: (202) 672-5399

By

Stephen B. Maebius

Stephen B. Maebius
 Attorney for Applicant
 Registration No. 35,264

Reg. No. 35,264